

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**10/511300**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		1		1		
3		2		1		
4		①		1		
5	1		1			
6		1		1		
7		2		1		
8		①		1		
9		①		1		
10		①		1		
11	1		1			
12	1		1			
13		2		1		
14		①		1		
15		①		1		
16		①		1		
17				1		
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TOTAL IND.	4	↓	4	↓		↓
TOTAL DEP.	15	←	16	←		←
TOTAL CLAIMS	19		20			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						